



REQUEST FOR NAME and/or ADDRESS CHANGE

- FOR A NAME CHANGE REQUEST, SUBMIT A COPY OF LEGAL PROOF WHICH DOCUMENTS THE CHANGE •

Check Appropriate Box: ☐ NAME CHANGE ☐ ADDRESS CHANGE

Your Name: _____
First Last Middle Initial

Social Security Number:

NAME CHANGE

Your Name: _____
First Last Middle Initial

Reason for Change: ☐ Married ☐ Divorced ☐ Personal Choice

ADDRESS CHANGE

Old Address: _____
Street Address City State Zip Code

New Address: _____
Street Address City State Zip Code

Telephone Number: (_____) _____
Area Code

If you have relocated outside of Michigan, will it be for more than 4 weeks? ☐ Yes ☐ No
(If you answered "Yes," your file will be transferred to the Interstate Benefit Unit.)

I know the law provides penalties of fine and/or imprisonment and/or community service for any false statement(s). I certify that the information reported on this form is true and correct to the best of my knowledge.

Your Signature: _____ Date: _____

RETURN COMPLETED FORM TO: UIA, P.O. BOX 169, Grand Rapids, MI 49501-0169, FAX: 1-517-636-0427.

If you have any questions about this form, call our Claimant Customer Relations Hotline at 1-800-638-3995 (TTY customers use 1-866-366-0004), or call our Inquiry Line at 1-866-500-0017.

• FOR UIA USE ONLY •

DO NOT SIGN UNTIL YOU HAVE ENTERED THE UPDATED INFORMATION INTO THE SYSTEM.

Staffperson's Signature: _____

Data Entry Date: _____

